SUMMARY OF BENEFITS

CIGNA HealthCare

Your CIGNA Choice Fund[SM] Health Reimbursement Arrangement-Open Access Plus plan

Features that Add Value

- **CIGNA Choice Fund** combines conventional health coverage with health funds to help you pay for the cost of your health care services. See the next page for more information.
- Your plan offers the **convenience of referral-free access to doctors**, and the option to select a **personal Primary Care Physician (PCP)**, as your source for routine care and guidance when you need specialized care. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- The CIGNA HealthCare 24-Hour Health Information Line[SM] connects you **to trained nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, seven days a week, from anywhere in the U.S.
- **CIGNA *Healthy Rewards*®** includes special offers on programs and services designed to enhance your health and wellness. Just call 1.800.870.3470 or visit our web site at www.cigna.com.
- Prescription drug coverage is a **part of your plan**. With national and independent pharmacies participating across the country, you can have your prescription filled **wherever you go**. CIGNA Tel-Drug gives you quick, **convenient** delivery of your medications right to your home.

Quality Service Is Part of Quality Care

- **Service** is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.cigna.com** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day. Once you enroll, register for myCIGNA.com, our convenient, secure website that combines helpful easy-to-use tools with personalized benefits information to help you make the most of your plan.
- **We Speak Many Languages[SM]**. We offer Language Line Services so that you can **talk with us** in 150 different languages. Just call Customer Service, and ask for an interpreter to assist you.

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs

- We encourage you to use a **PCP** as a valuable resource and personal health advocate.
- **Preventive care services** for every covered family member.
- **CIGNA Well Informed** provides members with customized medical and wellness information to help them make healthier choices, better understand a diagnosis or treatment, and manage their health. The program includes personalized letters and other educational information to help you improve your health. Only you, your doctor and CIGNA have access to this information.
- CIGNA Well-Aware for Better Health® can **help you manage** certain chronic conditions.
- **CIGNA Healthy Pregnancies, Healthy Babies®** is designed to help prevent complications during pregnancy and improve the chances for healthy pregnancies and deliveries. The program aims to identify expectant mothers with risk factors, and help them lower their risk of complications with patient education, wellness programs and targeted support from nurse case managers.
- **The CIGNA Comprehensive Oncology Program**[SM] promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.

You Can Depend on CIGNA HealthCare

- **Quality comes first**. We select "participating providers" carefully. And we make sure you have a **wide range** of doctors to choose from.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**. Urgent care centers can take care of your urgent care needs, and your cost is lower.

It's Your Choice

- When you visit network providers, you get access to quality care at the lowest out-of-pocket costs available under your plan. Your plan also offers the **freedom to choose** the providers you prefer — even if they aren't part of the network. Your benefits are the highest when you see "participating providers", but you're still covered for visits to other providers. Participating providers charge a discounted rate for CIGNA members. If you use a non-network provider, the provider may bill you for the difference between the billed charge and the allowed amount under your benefit plan, in addition to applicable (higher than in-network) deductibles and coinsurance amounts.

For Employees of Metropolitan Government of Nashville and Davidson County

HRA-OAP - ASO

HOW YOUR CIGNA CHOICE FUND WORKS

Employer Contribution

1. Your employer establishes a health fund that can be used to pay for any covered health care expenses during that year. Amounts paid by the fund for services covered by the health plan are applied toward the plan deductible.

Your Contribution

1. Once you have used the dollars in your health fund, you pay your expenses up to the remaining plan deductible.

Your Employer and You

1. Once your deductible is met, your medical plan begins providing coverage for eligible services, as described below.
2. All dollars remaining in your fund at the end of the plan year will roll over to the next plan year, as long as you enroll in CIGNA choice Fund.

Health Reimbursement Arrangement	**Employee**	**Family**
Employer Contribution	$1,100	$2,200

BENEFIT HIGHLIGHTS	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Combined Medical and CIGNA Pharmacy Deductible – Collective ***Family Deductible:*** *All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.*		
Individual (employee only; no covered dependents)	(HRA Share) $1,100/Employee Share ($400)	(HRA Share) $1,100/Employee Share ($400)
Family Maximum (employee+family)	(HRA Share) $2,200/Employee Share ($800)	(HRA Share) $2,200/Employee Share ($800)
Calendar Year Combined Medical and CIGNA Pharmacy Out-of-Pocket Maximum – Collective ***Family Out-of-Pocket Maximum :*** *All family members contribute towards the family out-of-pocket maximum. An individual cannot have claims covered at 100% until the total family out-of-pocket maximum has been satisfied.*		
	Deductible is applied toward Out of Pocket Maximum - leaving additional $600 Out of Pocket expense for single and $1,200 for family. Total Out of Pocket paid by member:	Deductible is applied toward Out of Pocket Maximum - leaving additional $4,600 Out of Pocket expense for single and $9,200 for family. Total Out of Pocket paid by member:
Individual (employee only; no covered dependents)	$1,000	$5,000
Family Maximum (employee+family)	$2,000	$10,000
Coinsurance	CIGNA HealthCare pays 90% of eligible charges. You pay 10% of charges after plan deductible.	CIGNA HealthCare pays 70% of eligible charges. You pay 30% of charges after plan deductible.
Precertification -Inpatient – PHS *(required for all inpatient admissions)*	Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for non-compliance
Lifetime Maximum (combined Medical and CIGNA Pharmacy) *Note: The plan's lifetime maximum will also be combined for medical and pharmacy.*	Unlimited	$1,000,000#
Pre-existing Condition Limitation	No	No

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Physician Services		
Primary Care Physician (PCP) Office Visit	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
Specialty Physician Office Visit	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
Consultant and Referral Physician Services		
Allergy Treatment/Injections - PCP or Specialty Physician	10% of charges*	30% of charges**
Allergy Serum (dispensed by physician in office)	10% of charges*	30% of charges**
Second Opinion Consultations (provided on voluntary basis)	10% of charges*	30% of charges**
Surgery Performed in the Physician's Office- PCP or Specialty Physician	10% of charges*	30% of charges**
Preventive Care		
Routine Preventive Care – Well Baby Care, Well Child Care and Adult Preventive Care	No charge, no plan deductible; No charge, no plan deductible if only x-ray and/or lab services are performed and billed.	30% of charges**
Immunizations	No charge, no plan deductible	30% of charges **
Preventive Care Maximum: Unlimited maximum per calendar year		
Mammograms, PSA, Pap Test	No charge, no plan deductible	30% of charges**
Inpatient Hospital Services including:	10% of charges*	30% of charges*
Semi-Private Room and Board		Precertification required
Diagnostic/Therapeutic Lab and X-ray		
Drugs and Medication		
Operating and Recovery Room		
Radiation Therapy and Chemotherapy		
Anesthesia and Inhalation Therapy		
MRIs, MRAs, CAT Scans, PET Scans, etc.		
Inpatient Hospital Doctor's Visits/Consultations	10% of charges*	30% of charges**
Inpatient Hospital Professional Services	10% of charges*	30% of charges**
Outpatient Facility Services	10% of charges*	30% of charges**
Operating Room, Recovery Room, Procedure Room and Treatment Room including:		
Diagnostic/Therapeutic Lab and X-rays		
Anesthesia and Inhalation Therapy		
Physician and Outpatient Professional Services	10% of charges*	30% of charges**
Laboratory and Radiology Services (includes preadmission testing)		
Physician's Office	10% of charges*	30% of charges**
Outpatient Hospital Facility	10% of charges*	30% of charges**
Emergency Room/Urgent Care Facility (billed by facility as part of the Emergency Room/Urgent Care visit)	10% of charges*	10% of charges*; *except if not a true emergency, then 30% of charges***
Independent X-Ray and/or Lab Facility	10% of charges*	30% of charges**
Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)	10% of charges*	10% of charges*
Advanced Radiological Imaging		
(MRIs, MRAs, CAT Scans, PET Scans, etc.)		
Outpatient Facility	10% of charges*	30% of charges**
Emergency Room/Urgent Care Facility (billed by facility as part of the Emergency Room/Urgent Care visit)	10% of charges*	10% of charges*; *except if not a true emergency, then 30% of charges***
Physician's Office	10% of charges*	30% of charges**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Short-Term Rehabilitative Therapy – (includes physical, speech, occupational, pulmonary rehab & cognitive therapy) Unlimited days maximum per calendar year for all therapies combined	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
Outpatient Cardiac Rehabilitation Up to 36 days maximum per calendar year#	10% of charges*	30% of charges**
Chiropractic Services $2,000 maximum per calendar year#	30% of charges*; 30% of charges* if only x-ray and/or lab services are performed and billed.	50% of charges**
Emergency and Urgent Care Services		
Physician's Office – PCP or Specialty Physician	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	*Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise 30% of charges*****
Hospital Emergency Room	10% of charges*	
Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)	10% of charges*	
Urgent Care Facility or Outpatient Facility	10% of charges*	
Ambulance	10% of charges*	
Maternity Care Services		
Initial Office Visit to Confirm Pregnancy	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (total maternity fee)	10% of charges*	30% of charges**
Office Visits not included in the total maternity fee performed by OB or Specialty Physician	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
Delivery - Facility (Inpatient Hospital/Birthing Center Charges)	10% of charges*	30% of charges* Precertification required
Inpatient Services at Other Health Care Facilities ***Skilled Nursing, Rehabilitation and Sub-Acute Facilities*** 100 days maximum per calendar year# combined for all facilities listed	10% of charges*	30% of charges**
Home Health Services *- Includes outpatient private duty nursing when approved as medically necessary,* Unlimited days maximum per calendar year; 16 hour maximum per day#	10% of charges*	30% of charges**
Family Planning Services		
Office Visits (lab & radiology tests, counseling)	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
Vasectomy/Tubal Ligation (excludes reversals)		
Inpatient Facility	10% of charges*	30% of charges* Precertification required
Outpatient Facility Services	10% of charges*	30% of charges**
Physician's Services – Inpatient or Outpatient	10% of charges*	30% of charges**
Physician's Office	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
Infertility Services ***Note****: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.*	Not covered	Not covered
Obesity/Bariatric Surgery*-(Covered only at approved centers through the precertification process)*		
Physician's Office	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	Covered in network only
Inpatient Facility	10% of charges*	Covered in-network only
Outpatient Facility	10% of charges*	Covered in-network only
Physician's Services – Inpatient or Outpatient	10% of charges*	Covered in-network only

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
TMJ – Surgical: case-by-case basis. ***Always excludes appliances and orthodontic treatment.*** ***Subject to medical necessity.***		
Physician's Office	10% of charges*; 10% of charges* if only x-ray and/or lab services are performed and billed.	30% of charges**
Inpatient Facility	10% of charges*	30% of charges* Precertification required
Outpatient Facility Services	10% of charges*	30% of charges**
Physician's Services – Inpatient or Outpatient	10% of charges*	30% of charges**
$2,000 maximum per calendar year#, *$4,000 lifetime maximum#*		
TMJ – Non-surgical: case-by-case basis. ***Always excludes appliances and orthodontic treatment.*** ***Subject to medical necessity.***		
Physician's Office	30% of charges*; 30% of charges* if only x-ray and/or lab services are performed and billed.	50% of charges**
Inpatient Facility	30% of charges*	50% of charges* Precertification required
Outpatient Facility Services	30% of charges*	50% of charges**
Physician's Services – Inpatient or Outpatient	30% of charges*	50% of charges**
$2,000 maximum per calendar year#, *$4,000 lifetime maximum#*		
Mental Health ***Inpatient*** *– Unlimited days maximum per calendar year	10% of charges*	30% of charges Precertification required
Outpatient Mental Health (includes Individual, Group Therapy and Intensive Outpatient services) - *Unlimited days maximum per calendar year*		
Physician's Office	10% of charges*	30% of charges**
Outpatient Facility	10% of charges*	30% of charges**
Substance Abuse ***Inpatient*** *– Unlimited days maximum per*	10% of charges*	30% of charges Precertification required
Outpatient Mental Health (includes Individual and Intensive Outpatient services) *Unlimited days maximum per calendar year*		
Physician's Office	10% of charges*	30% of charges**
Outpatient Facility	10% of charges*	30% of charges**
Durable Medical Equipment Unlimited maximum per calendar year	10% of charges*	30% of charges**
External Prosthetic Appliances Unlimited maximum per calendar year	10% of charges*	30% of charges**
Acupuncture $1,000 maximum per calendar year#	30% of charges*	50% of charges**

Prescription Drugs *(Includes prescription smoking cessation products; prescription diet drugs; oral contraceptives and contraceptive devices; lifestyle drugs)*		
CIGNA Pharmacy Retail Drug Program		
Generic Drugs	10% of charges per 102-day supply for generic drugs, after plan deductible	30% of charges for generic drugs, after plan deductible
Brand Name Drugs	30% of charges per 102-day supply for brand name drugs, after plan deductible	30% of charges for brand name drugs, after plan deductible
CIGNA Tel-Drug Mail Order Drug Program		
Generic Drugs	10% of charges per 102-day supply for generic drugs	Covered in-network only
Brand Name Drugs	30% of charges per 102-day supply for brand name drugs	Covered in-network only

Footnotes

* *Services are subject to calendar year deductible.*

** *Out-of-network services are subject to the calendar year deductible and maximum reimbursable charge limitations. Providers may bill the member the difference between their billed charge and the maximum reimbursable charge as determined by the benefit plan.*

\# *In-network and out-of-network services apply to the same treatment or dollar maximum.*

Regarding In-Network and Out-of-Network Services:

- *Once the plan's out-of-pocket maximum is reached, the plan pays 100% of eligible charges for the remainder of the plan year, except for Mental Health and Substance Abuse which continue to be paid at the levels specified.*

Regarding In-Network Services:

- *All services must be provided by one of the participating providers on our list in order to be covered.*

Regarding Out-of-Network Services:

- *Your out-of-pocket costs will be higher than with a participating provider.*
- *All out-of-network hospital admissions must be precertified and are subject to Continued Stay Review (CSR). A penalty applies to admissions which are not precertified. Non-approved admissions/days result in denial of benefits. The precertification penalty or cost of denied benefits does not apply to deductible or out-of-pocket maximum.*

Case Management

Coordinated by CIGNA HealthCare. This is a service designed to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

Benefit Exclusions

These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

1. Any service or supply not described as covered in the Covered Expenses section of the plan.
2. Any medical service or device that is not medically necessary.
3. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
4. Any services and supplies for or in connection with experimental, investigational or unproven services.
5. Dental treatment of the teeth, gums or structures directly supporting the teeth, however, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident.
6. Medical and surgical services, initial and repeat, intended for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute (NHLBI) guideline is covered only at approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based, scientific literature and scientifically based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35–39 with comorbidities. The following are specifically excluded: medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.

Benefit Exclusions (continued)

7. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
8. Court ordered treatment or hospitalizations.
9. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
10. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
11. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the plan.
12. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
13. Consumable medical supplies other than ostomy supplies and urinary catheters.
14. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
15. Artificial aids, including but not limited to hearing aids, semi-implantable hearing devices, audiant bone conductors, bone anchored hearing aids, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
16. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
17. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error.
18. Non-prescription drugs and investigational and experimental drugs, except as provided in the plan.
19. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
20. Genetic screening or pre-implantation genetic screening.
21. Fees associated with the collection or donation of blood or blood products.
22. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
23. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
24. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
25. Expenses incurred for medical treatment by a person age 65 or older, who is covered under the plan as a retiree, or his dependent, when payment is denied by the Medicare plan because treatment was not received from a participating provider of the Medicare plan.
26. Expenses incurred for medical treatment when payment is denied by the primary plan because treatment was not received from a participating provider of the primary plan.
27. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Acupressure; Craniosacral/cranial therapy; Dance Therapy, Movement Therapy; Applied Kinesiology; Rolfing; Prolotherapy; Transsexual Surgery; Non-medical counseling or ancillary services; Assistance in the activities of daily living; Cosmetics; Personal or Comfort Items; Dietary Supplements; Health and Beauty Aids; Aids or devices that assist with non-verbal communications; Dental implants for any condition; Telephone Consultations; E-mail & Internet Consultations; Telemedicine; Health Club Membership fees; Weight Loss Program fees; Smoking Cessation Program fees; Reversal of male and female voluntary sterilization procedures; and Extracorporeal Shock Wave Lithotripsy for musculoskeletal and orthopedic conditions.

These Are Only the Highlights

As you can see, the plan is designed to combine in-depth coverage with cost-effective prices. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

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